## STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS DIVISION OF FINANCIAL INSTITUTIONS 1010 Richards Street P.O. Box 2054, Honolulu, HI 96805 Telephone: (808) 586-2820

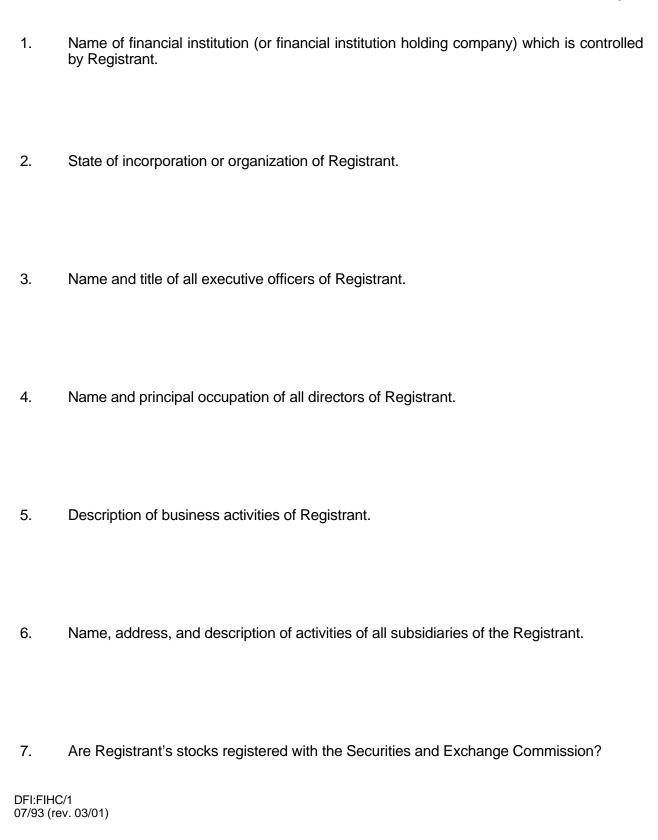
## FINANCIAL INSTITUTION HOLDING COMPANY REGISTRATION FORM

In compliance with Sections 412:11-101 and 412:11-104 of the Code of Financial Institutions, Chapter 412, Hawaii Revised Statutes, the following registration statement is made by:

	Name of Financial Institution Holding Company ("Registrant") (Please type or print clearly.)
	Street Address
	Mailing Address
Contact Person	(Contact person should be able to answer questions regarding this Registration
<b>.</b>	Form and any other correspondence with the Division of Financial Institutions.)
Telephone No.:	

All of the information requested on the following pages should be provided. Schedules or inserts may be attached to this form whenever the space provided is insufficient. If any of the information is contained in any other report filed with a regulatory agency (i.e., FDIC, FRB, OTS, or SEC), a copy of that report may be attached. Attached schedules or inserts are a part of this registration statement and should be securely bound to this Registration Form.

DFI:FIHC/1 07/93 (rev. 03/01)



DFI:FIHC/1	
8.	Registrant's fiscal year ends (indicate month and day).
9.	Copy of most recent annual financial statement, including profit and loss statement.
10.	Name and address of an agent in this State who is authorized to receive service of process and any notices on behalf of the Registrant.
true to Form.	THE UNDERSIGNED HEREBY CERTIFIES that the statements contained herein are my best knowledge and belief, and that they are made for the purpose of this Registration
	Name of Registrant
	By:Signature
	Its: Title or Position

Date: